FAUQUIER COUNTY, VIRGINIA
CEMETERY INFORMATION
FIELD FORM

INSTRUCTIONS FOR COMPLETING FIELD FORM

Please mail or deliver all completed forms to:

Fauquier County GIS Department
62 Culpeper Street
Warrenton, VA 20186
Attn: Lori Hertig

It is recommended that <u>digital photographs</u> and/or hard copy photos be submitted along with the completed field form. The photos will be kept on file along with the completed field forms for each location.

If you are including photos, please take 1 photo from each corner of the cemetery location, shooting towards the center of the graveyard. <u>Digital photos are preferred</u>.

Page 1 Instructions

FAUQ I.D. # - This will be assigned by the GIS Department and will be a unique identifier within the system.

DATE COLLECTED – Required. Please include the date the cemetery field form was completed.

DATA SOURCE – Required. Your name or the name of the person completing form.

DATA SOURCE CONTACT INFORMATION – Required. Your contact information in the event that clarification is needed in order to properly locate within the mapping system. Phone number and/or email address, at minimum.

Family Name of Cemetery – Required. Please provide the family surname, i.e. the name shared in common to identify the members of the family buried in the cemetery.

Contact for Cemetery – Person to contact for access to cemetery and/or additional information. Not required.

Religious Affiliation – If known. Not required.

Ethnic Affiliation – Required.

Earliest Marked Death Date – If known. Not required.

Latest Marked Death Date – If known. Not required.

Inscribed Stones – Required. Please enter the total number of inscribed stones.

Approximate Number of Stones – Required. Please enter the total number of un-inscribed stones.

Approximate Number of Graves – Required. Please enter the total number of graves, marked and unmarked.

Length & Width of Graveyard – Required. Please enter the dimensions of the area enclosing all known gravesites, marked and unmarked.

Enclosure Type – Indicate the type of fencing or boundary defining feature present. Not required.

Current Use – Indicate the current land use of the graveyard. Not required.

Condition of Cemetery as of Submission Date – Indicate the cemetery's condition; Poor, Fair, Good, or Excellent.

CEMETERY MARKERS AND/OR INDIVIDUALS – List out the Marker Type, First, Middle and Last Names, Birth Date and Death Date of any known individual graves. Additional room for data entry can be found on Pg. 3.

Page 2 Instructions

FAUQ I.D. # - This will be assigned by the GIS Department and will be a unique identifier within the system.

CURRENT PARCEL ID # - Required. Please provide the Parcel Identification Number (PIN) of the parcel that the cemetery is located on.

CURRENT PROPERTY OWNER NAME – If known, please provide owner of the land on which the cemetery sits. Not required, but helpful in locating cemetery.

WILL BOOK, DEED OF LEGAL REFERENCE – If available, please provide copies of any legal documentation for the cemetery. Not required.

PROPERTY LOCATION DESCRIPTION – Nearest identifiable street, driveway, intersection, size of property, etc. Not required, but helpful in locating cemetery.

CEMETERY LOCATION DESCRIPTION – Required. Please provide measured distances from property boundaries, building locations or other identifiable geographic features to the cemetery outer boundaries.

MAP OR PLAT OF PROPERTY WITH SKETCH – Required. Please provide a drawing of the property showing the cemetery's location relative to the measurements taken. Also provide the measurements along a line showing the measurement's from and to points on the sketch. Please be as accurate as possible with the measurements. Additional maps or plats may be attached for required detail. Insert sketch onto form at the bottom of page 2 in the blank area provided.

Page 3 Instructions

Extra spaces have been provided to report individual cemetery markers and/or individuals, continued from Pg. 1.

FAUQUIER COUNTY, VIRGINIA
CEMETERY INFORMATION
FIELD FORM
(Fields marked with asterisk (*) are required for submission)

FAUQ I.D. # (Office Use Only)**:**   ***DATE COLLECTED:**

*DATA SOURCE (Name of Person reporting information)**:**

*DATA SOURCE CONTACT INFORMATION:
(Address, City, State, Zip, Phone and/or email address)

_____

CEMETERY INFORMATION

*Family Name of Cemetery:_____**Contact for Cemetery:** _____

Religious Affiliation: _____

*Ethnic Affiliation: _____

Earliest Marked Death Date: _____ **Latest Marked Death Date:** _____

*Inscribed Stones: _____ ***Approximate Number of Stones:** _____

*Approximate Number of Graves: _____

*Length & Width of Graveyard: _____

Enclosure Type: _____

Current Use: _____

Condition of Cemetery as of Submission Date: _____

CEMETERY MARKERS AND/OR INDIVIDUALS (Attach additional pages if necessary – see Pg. 3)

Marker Type	First Name	Middle Name	Last Name	Birth Date	Death Date

FAUQ I.D. # (Office Use Only) **:**

*CURRENT PARCEL ID # : _____

CURRENT PROPERTY OWNER NAME : _____

WILL BOOK, DEED OF LEGAL REFERENCE (If available)**:**_____

PROPERTY LOCATION DESCRIPTION:
_____
_____
_____

*CEMETERY LOCATION DESCRIPTION: (Please provide distance measurements from property boundaries, building locations or other known geographic features)
_____
_____
_____
_____

*Please insert or attach map or plat of property with cemetery location plainly marked and as accurately located as possible, with measurements marked where they were taken. You may also attach a separate map if necessary for adequate detail.

Marker Type	First Name	Middle Name	Last Name	Birth Date	Death Date